



Fieldwork Experience Site Information Form

Speech-Language Pathology Assistant (SLPA) Fieldwork Experience

Please complete this form providing information regarding the person who is authorized to sign the Clinical Practicum Agreement for your Fieldwork Experience site. See below for additional information regarding how to determine who is authorized to sign agreements for your Fieldwork site.

STUDENT INFORMATION			
FULL NAME	<i>Last</i>	<i>First</i>	
PROGRAM	Speech Language Pathology Assistant Program		
TERM	_____ Fall or Spring Year		
SITE INFORMATION			
FIELDWORK EXPERIENCE SITE			
ADDRESS	<i>Street</i>	<i>Apt/Unit #</i>	
<i>City</i>		<i>State</i>	<i>ZIP</i>
BUSINESS PHONE ()	EMAIL ADDRESS		
NAME OF PERSON AUTHORIZED TO SIGN THE CLINICAL PRACTICUM AGREEMENT*			
TITLE OF AUTHORIZED PERSON			
Has this Fieldwork Experience Site signed a CSUN Clinical Practicum Agreement within the past 3 years? <input type="checkbox"/> Yes If so, what year? _____ <input type="checkbox"/> No			
ADDITIONAL INFORMATION			
*The person authorized to sign the Clinical Practicum Agreement with CSUN can be any of the following: owner(s) of the private practice, principal of a school district, special education director, board of education president, etc. Your supervising SLP is not authorized to sign the Clinical Practicum Agreement unless , he or she is the owner or director of the fieldwork experience site. Please check with your supervisor/fieldwork experience site to determine the appropriate individual.			